

Amendments to the Claims

Claims 1-83 (Cancelled)

Claim 84 (Currently amended): A method for providing medical[[,]] coding comprising:
receiving a selection of a patient procedure code on a first computer, the patient procedure code
~~associated with~~representing a procedure performed on a patient during a patient
encounter;
receiving a selection of at least one diagnosis code on the first computer, each of the at least one
diagnosis code ~~associated with~~at least one ~~representing a diagnosis of the patient~~
applicable to the procedure performed during the patient encounter;
linking the selection of the patient procedure code to the selection of the at least one diagnosis
code on the first computer;
providing a user interface adapted for ranking the at least one diagnosis code linked with the
patient procedure code in a user defined rank order;
documenting the patient encounter by storing a relationship defined by the linking wherein the
relationship includes the rank ordering of the selection of the at least one diagnosis code
linked to the selection of the patient procedure code to thereby document the patient
encounter of the procedure performed.

Claim 85 (Previously presented): The method of claim 84 further comprising electronically
sending patient data including the patient procedure code and the linked at least one diagnosis
code from the first computer to a second computer.

Claim 86 (Previously presented): The method of claim 85 further comprising displaying the patient procedure code and the linked at least one diagnosis code on a display of the first computer prior to the step of electronically sending.

Claim 87 (Previously presented): The method of claim 85 further comprising generating a patient bill at the second computer, the patient bill associated with the patient data.

Claim 88 (Previously presented): The method of claim 84 further comprising associating the patient procedure code and the linked at least one diagnosis code with patient data including patient identifying information.

Claim 89 (Previously presented): The method of claim 84 further comprising sending patient data, including patient identifying information to the first computer from a second computer prior to the steps of receiving a selection of a patient procedure code and receiving a selection of a diagnosis code.

Claims 90-91 (Cancelled)

Claim 92 (Currently amended): A method for providing code-driven medical reporting, comprising:

receiving a selection of at least one diagnosis code on a first computer, each of the at least one diagnosis code representing one of at least one diagnosis applicable to a patient procedure code representing a procedure performed on a patient during a patient encounter;

receiving a selection of ~~a~~ the patient procedure code on the first computer the patient procedure code representing the patient procedure performed on the patient during the patient encounter;

linking the at least one diagnosis code in a user defined rank order to the patient procedure code such that a defined relationship between the patient procedure code and the at least one diagnosis code is maintained to thereby provide a record of ~~a~~ the patient encounter.

Claim 93 (Previously presented): The method of claim 92 further comprising generating a bill based on the patient procedure code and the at least one diagnosis code.

Claim 94 (Previously presented): The method of claim 84 further comprising generating a patient bill based on the selection of the patient procedure code and the selection of the at least one diagnosis code.

Claim 95 (Previously presented): The method of claim 84 wherein the step of linking maintains the defined relationship between the patient procedure code and the at least one diagnosis code.

Claim 96 (Previously presented): The method of claim 84 wherein the step of linking maintains a record of the defined relationship between the patient procedure code and the at least one diagnosis code.

Claim 97 (Currently amended): The method of claim ~~84~~⁹⁶ wherein the defined relationship is a ~~care provider~~ user defined relationship.

Claim 98 (Currently amended): A method for providing code-driven medical reporting for billing purposes, comprising:

receiving a selection of a patient procedure code on a first computer, the patient procedure code representing a patient procedure performed on a patient during a patient encounter;

receiving a selection of at least one diagnosis code on the first computer, each of the at least one diagnosis code representing a diagnosis of the patient during the patient encounter;

linking the selection of the patient procedure code to the selection of the at least one diagnosis code on the first computer, wherein;

documenting the linking of the selection of the patient procedure code and the selection of the at least one diagnosis code to provide provides for maintaining a user defined rank ordered relationship between the patient procedure code and the at least one diagnosis code to thereby provide a detailed record of an the patient encounter.

Claim 99 (Previously presented): The method of claim 97 wherein each of the at least one diagnosis code is an ICD-9 code.

Claim 100 (Previously presented): The method of claim 97 wherein the patient procedure code is a CPT code.

Claim 101 (Cancelled)

Claim 102 (Previously presented): The method of claim 97 wherein a modifier is associated with the patient procedure code.

Claim 103 (Previously presented): The method of claim 97 wherein a unit value is assigned to the patient procedure code.

Claim 104 (Cancelled)

Claim 105 (New): A method for providing code-driven medical reporting, comprising:
providing a user interface adapted for operation on a first computer;
using the user interface to collect at least one procedure code representing a procedure performed
on a patient during a patient encounter;
for each of the at least one procedure code, using the user interface to collect at least one
diagnosis code, each of the at least one diagnosis code representing a diagnosis of the
patient during the patient encounter to thereby establish a user defined link between each
of the at least one procedure code and the at least one diagnosis code;
documenting the patient encounter by storing each of the at least one procedure codes and storing
each of the at least one diagnosis codes linked to each of the at least one procedure codes
to provide a record of each set of diagnosis codes collected for each procedure code.

Claim 106 (New): The method of claim 105 wherein the user interface being adapted to rank
order each of the at least one diagnosis code linked with each of the at least one procedure code.

Claim 107 (New): The method of claim 106 further comprising using the user interface to
receive a user defined rank ordering of the at least one diagnosis code.

Claim 108 (New): The method of claim 105 wherein the procedure code is a CPT code.

Claim 109 (New): The method of claim 108 wherein the CPT code is an evaluation and
management code.

Claim 110 (New): The method of claim 84 wherein the patient procedure code is a CPT code.

Claim 111 (New): The method of claim 110 wherein the CPT code is an evaluation and
management code.